

Case Number:	CM14-0169785		
Date Assigned:	10/20/2014	Date of Injury:	02/18/2014
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in General Surgery, and is licensed to practice in California & Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old male injured his right knee 2/18/14. Right knee arthroscopic partial medial meniscectomy and chondroplasty of the patella was done 7/3/14. As of 9/10/14 the patient had completed 6/6 physical therapy sessions. A request for 6 additional sessions was denied on the basis that there was not documentation of functional improvement to establish medical necessity for his request. A progress note dated 9/26/14 reports the patient was now walking 2 blocks (was at 1 block earlier in September). Swelling had decreased range of motion, was full and the patient was using a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 Post-Operative Physical Therapy to The Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web), 2007, Knee-Physical therapy.

Decision rationale: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface." Dislocation of knee; Tear of

medial/lateral cartilage/ meniscus of knee; Dislocation of patella and Post-surgical (Meniscectomy): 12 visits over 12 weeks. Apparently additional records have been made available to this reviewer documenting functional improvement. Therefore, the request for additional physical therapy status post arthroscopic partial meniscectomy is medically necessary.